

**MARICOPA INTEGRATED HEALTH SYSTEM
HEALTH PLANS PROTOCOL**

<p>SUBJECT: Cardiac Catheterization</p> <p>APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input checked="" type="checkbox"/></p>	<p>Policy #: PA P 244.00 Policy Pages: 2 Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Initial Effective Date: 5/02 Latest Review Date: NEW This Policy will be reviewed annually.</p>
<p>MIHS HEALTH PLANS APPROVALS:</p> <p>Medical Director _____ Date: _____</p> <p>Director, Medical Management: _____ Date: _____</p>	

PURPOSE: This protocol exists to define authorization criteria for cardiac catheterizations.

POLICY: Criteria is based on Interqual and American College of Cardiology recommendations.

- A. Indications for Left Heart Catheterization
 1. Severe cardiac ischemia by stress test
 2. Unstable angina
 3. Postinfarction angina/ischemia
 4. Post percutaneous coronary intervention
 5. Coronary artery disease evaluation prior to major surgery
 6. Ventricular arrhythmia
 7. New onset acute congestive heart failure
 8. Acute myocardial infarction
 9. Newly discovered left ventricular systolic dysfunction
 10. Canadian Class II angina or New York Heart Association Class II CHF
 11. Valvular heart disease
 12. Congenital heart disease
 13. Constrictive pericarditis

- B. Therapeutic application of cardiac catheterization
 1. Catheter-based treatment of coronary artery disease
 2. Balloon valvuloplasty
 3. Endomyocardial biopsy
 4. Catheter-based treatment of septal defect
 5. Insertion of intracardiac defibrillator

- C. American College of Cardiology guidelines state that catheterization at a facility without open heart surgery services should be avoided with patients who have the following conditions:
 1. Rest ischemia with EKG changes
 2. Post infarct angina
 3. Within 48 hours of having an acute myocardial infarction
 4. Cardiogenic shock
 5. Unstable angina refractory to medical therapy
 6. Angina with hemodynamic instability
 7. Ischemic pulmonary edema
 8. Valvular heart disease with CHF and hemodynamic instability
 9. Previous PTCA with suspected restenosis

10. Within 48 hours of having thrombolytic therapy
 11. With clinical evidence of reperfusion following thrombolytic therapy, during initial hospitalization
- D. Cardiac catheterization can be repeated one time six months post procedure without Medical Director review.
 - E. This criteria is used as a guideline for prior authorization and does not represent a standard of practice of care
 - F. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
 - G. Medical Director review is required for all requests that do not meet criteria

MIHS Health Plans reserves the right to change the policy for administrative or medical reasons without notification to external entities. This policy is not intended to be utilized as a basis for a claim submission.